

United States Bankruptcy Court District of Idaho

Complete this form and mail to: U.S. Bankruptcy Court 550 W. Fort St. Boise, ID 83724

PROOF OF CLAIM

THIS SPACE IS FOR COURT USE ONLY

U.S. COURTS

Name of Debtor:

Case Number:

COMMUNITY HOME HEALTH INC

98-02141

Chapter: 7

Trustee: Bernie R. Rakozy

Proof of claim form and all supporting documents must be filed in **DUPLICATE** on Chapter 12 and 13 cases

JUL 28 1998

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to U.S.C. §503

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Doubledee Broadcast Group
KFXJ Radio
455 W. Amity Rd.
Meridian, Idaho 83642

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope.

Account or other number by which identifies debtor:
Account #30496

Check here if this claim: ☐ Replaces ☐ Amends a previously filed claim dated:

- 1. Basis for Claim** ☐ Goods Sold ☒ Services Performed ☐ Money Loaned ☐ Personal Injury/Wrongful Death ☐ Taxes
- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a) ☐ Other (please describe):
- ☐ Wages, Salaries and compensation: Your Social Security Number: _____ (date) to _____ (date)
- ☐ Unpaid Compensation for services performed from 5/1/98 (date) to 6/26/98 (date)

2. Date debt was incurred: 3/31/98

3. If court Judgment, date obtained:

4. SECURED CLAIM

- ☐ Check box if your claim is secured by collateral (including a right of setoff)

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
☐ Other _____

Value of Collateral \$ _____

Amount of arrearage and other charges at time the case was filed included in secured claim, if any: \$ _____

6. TOTAL AMOUNT OF CLAIM AT TIME CASE WAS FILED

UNSECURED \$ 3192.00 SECURED \$ _____

PRIORITY \$ 3192.00 TOTAL \$ 3192.00

- ☐ Check box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

5. UNSECURED PRIORITY CLAIM

- ☒ Check box if you have an unsecured priority claim

Amount entitled to priority \$ 3192.00

SPECIFY PRIORITY OF CLAIM:

- ☐ Wages, Salaries, or commissions (up to \$4000)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. (11 U.S.C. § 507 (a)(3))
- ☐ Contributions to an employee benefit plan (11 U.S.C. § 507 (a)(4))
- ☐ Up to \$1,800* of deposits toward purchase, lease, or rental of property or services for personal, family or household use (11 U.S.C. § 507 (a)(6))
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse or child (11 U.S.C. § 507 (a)(7))
- ☐ Taxes or penalties owed to governmental units (11 U.S.C. § 507 (a)(8))
- ☒ Other - Specify applicable paragraph of (11 U.S.C. § 507 (a)()

*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. **DO NOT SEND ORIGINAL DOCUMENTS.** If the documents are not available, please explain. If the documents are voluminous, attach a summary.

9. Date Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

DATE

7/21/98

Sign and print the name and title, if any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

[Signature]

Rick Weight/General Manager
KFXJ Radio

Penalty for presenting fraudulent claim: Fine up to \$500,000 or imprisonment for up to 5 year, or both. 18 U.S.C. §152 and §3571

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